

1760

MARGIN RESERVED FOR BINDING  
 N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH		ARIZONA STATE BOARD OF HEALTH	
1. County <u>Yuma</u>		BUREAU OF VITAL STATISTICS	State Index - - - No. <u>67</u>
District <u>Globe</u>		ORIGINAL CERTIFICATE OF DEATH	County Registrar's - No. <u>103</u>
Town <u>Globe</u>		No. <u>County Hospital</u>	Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street number)			
2. FULL NAME <u>Albert M. Desfrain</u>			
(a) Residence. No. _____		St. _____ Ward _____	
(Usual place of abode)		(If nonresident, give city or town and State)	
Length of residence in <u>County</u> where death occurred <u>46</u> yrs. mos. ds.		How long in U. S. if of foreign birth? yrs. mos. ds.	
PERSONAL AND STATISTICAL PARTICULARS			
3. SEX <u>Male</u>	4. COLOR or RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED or DIVORCED (Write the word) <u>Widower</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____			
6. DATE OF BIRTH (month, day and year) <u>Unknown</u>			
7. AGE	Years	Months	Days
<u>77</u>	<u>—</u>	<u>—</u>	<u>—</u>
IF LESS than 1 day hrs. or min.			
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Rancher</u> (b) General nature of industry, business or establishment in which employed (or employer) (c) Name of employer			
9. BIRTH PLACE (city or town) <u>Indiana</u> (State or Country)			
10. NAME OF FATHER _____			
11. BIRTHPLACE OF FATHER (State or country) _____			
12. MAIDEN NAME OF MOTHER _____			
13. BIRTHPLACE OF MOTHER (city or town) _____ (State or country)			
14. Informant <u>Marion J. Beggs</u> (Address) <u>Yuma, Ariz.</u>			
15. Filed <u>4-30</u> 19 <u>25</u> <u>J. H. Hobbs</u> Local Registrar.			
V. S. No. 1 _____ County Registrar.			
MEDICAL CERTIFICATE OF DEATH			
16. DATE OF DEATH (month, day, and year) <u>4/8</u> 19 <u>25</u>			
17. I HEREBY CERTIFY, That I attended deceased from <u>4/8</u> 19 <u>25</u> to <u>4/8</u> 19 <u>25</u> that I last saw him alive on <u>4/7</u> 19 <u>25</u> and that death occurred, on the date stated above, at <u>1 a.</u> m. The CAUSE OF DEATH was as follows: <u>Acute Bronchitis</u>			
CONTRIBUTORY <u>Chronic Bronchitis &amp; Infection</u> (duration) yrs. mos. ds.			
18. Where was disease contracted if not at place of death? _____ (duration) yrs. mos. ds.			
Did an operation precede death? <u>No</u> date of _____			
Was there an autopsy? <u>No</u>			
What test confirmed diagnosis? <u>Clinical</u>			
Signed <u>4/10/25</u> <u>J. H. Hobbs</u> M. D. 19 _____ (Address)			
* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicide. (See reverse side for additional space.)			
19. PLACE OF BURIAL, CREMATION OR REMOVAL <u>Globe, Ariz.</u>		DATE OF BURIAL <u>4/11</u> 19 <u>25</u>	
20. UNDERTAKER <u>Jones Funeral Home,</u> <u>Fred H. Jones, Mgr.</u>		ADDRESS <u>Globe, Arizona</u>	